

2023-2025

Cambridge Health Alliance Implementation Strategy



CARE T♥ THE PEOPLE

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Introduction

Cambridge Health Alliance (CHA) has a long history of working alongside communities to improve community health and wellbeing. The way in which CHA does this is through a Wellbeing Assessment and Improvement Process. This includes a **Wellbeing Assessment or Community Health Needs Assessment (CHNA)**, which is a process to analyze community needs and strengths and identify priorities for collaborative action, and a **Community Health Implementation Strategy (IS)**, also known as a Community Health Improvement Plan (CHIP) in some health care systems, which is a set of goals, objectives, and activities to address the needs identified during the CHNA.

This **2023 CHA Implementation Strategy** is the companion document to the [2022 CHA Regional Wellbeing Report: A Community Health Needs Assessment](#), which includes in-depth results for the communities of Everett, Malden, Medford, and Somerville. Results for Chelsea, Revere, and Winthrop are presented in the [2022 North Suffolk Public Health Collaborative CHNA Report](#). The [2020 City of Cambridge Community Health Assessment](#) provides the most recent results for Cambridge.

Regulatory Basis and Structural Context

Under the federal Patient Protection and Affordable Care Act (ACA), all non-profit hospitals in the United States are required to complete a Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) every three years and file it with the Internal Revenue Service.¹ Massachusetts non-profit hospitals also file the CHNA/IS with the Massachusetts Office of the Attorney General to comply with Community Benefits guidelines.² As a public entity, unlike non-profit hospitals, CHA is not subject to the ACA's CHNA requirement, nor to Massachusetts Community Benefits guidelines. However, a CHNA/IS is necessary to meet other state regulatory requirements, such as the Massachusetts Department of Public Health Determination of Need,³ and to enable the CHA Board of Trustees to fulfill its governance responsibilities as required by Chapter 147 of the Acts of 1996, as amended by Chapter 365 of the Acts of 1998 (the "CHA Enabling Act"). The Health Improvement Team in the Department of Community Health Improvement at CHA is responsible for coordinating a process that meets these regulations and supports CHA's mission. The full *CHA Regional Wellbeing Assessment and Improvement Framework* is available [here](#).

¹ Internal Revenue Service. (2022). *Community Health Needs Assessment for Charitable Hospital Organizations - Section 501(r)(3)*. <https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

² Commonwealth of Massachusetts, Attorney General's Office. (2018, February) *Community Benefits Guidelines for Non-Profit Hospitals*. <https://www.mass.gov/service-details/community-benefits-guidelines>

³ Cambridge Public Health Commission. (n.d.) *Description of Community Health Improvement Activities*. <https://www.mass.gov/doc/cambridge-health-alliance-community-health-initiative-activities/download>
Submitted for 2019 Determination of Need (DoN), available at: <https://www.mass.gov/lists/don-cambridge-public-health-commission-dba-cambridge-health-alliance-don-required-equipment>

Development of the Cambridge Health Alliance Implementation Strategy

Priorities for Collaborative Action identified in Wellbeing Assessment

The Wellbeing Assessment included a participatory and iterative process⁴ to prioritize key issues that emerged from the data. CHA and our Community Advisory Boards (CABs) synthesized these community health needs and populations of focus into a set of Priorities for Collaborative Action. These priorities encompass **four focus areas** and **three equity principles**. The 2022 Implementation Strategy focuses on **developing or supporting policies, programs, and practices** that foster and promote the equity principles across the focus areas, **to improve the conditions that impact the health of the communities that CHA serves**.

Focus Areas

Our strategies address four focus areas that emerged as key areas of concern.

Focus Area 1 | Housing: *Affordability, stability, safety*

Housing is a health equity issue.

Deteriorating infrastructure, poor ventilation, pests and mold, lead paint, and other indoor toxins directly affect our **physical health** through **poisoning, injury, and exposure** to infectious agents like bacteria and viruses.

Poor housing conditions, high costs, violation of tenants' rights and instability can cause **severe stress**, which affects our **mental health**.

Displacement, whether through eviction or being informally forced to move, can affect our **social networks, community cohesion, and the economic stability of our families and communities**.

Directing limited income towards housing costs instead of food, health care, or education and child care can have **consequences for our nutritional health, our ability to access medical attention, and our work opportunities and children's development**.

Sources: Braveman P et al. (2011). *How Does Housing Affect Health?* Robert Wood Johnson Foundation; Bruce C et al. (2021). *Eviction: A Preventable Cause of Adverse Child and Family Health*. Children's HealthWatch; Taylor L (2018). *Housing And Health: An Overview Of The Literature*. Health Affairs.

⁴ For information on the prioritization process, see page 17 of [2022 CHA Regional Wellbeing Report](#).

Focus Area 2 | Equitable Economies: *Money, jobs, food, caregiving*

Economic security is a health equity issue.

Lack of money makes it **more difficult to afford safe housing, medicine, nutritious food, and childcare**, which all have consequences for physical and mental health. Inflation has only exacerbated this challenge.

Poverty and income inequality have demonstrated **intergenerational impacts on health and wellbeing**. Racial wealth inequality contributes to persistent **racial inequities in health**.

Low-wage and part-time jobs often do not provide adequate health insurance – and may not provide sick leave, family leave, or retirement benefits either. **Occupational hazards** in low-wage jobs can lead to injury and disease.

People experiencing **food insecurity** are more likely to experience poor health outcomes in the short- and long-term. **Quality childcare** benefits children's developmental outcomes and the stability of parental employment.

Sources: Brown Weida E et al. (2020). Financial health as a measurable social determinant of health. PLoS One. Burgard SA, Lin KY (2013). Bad Jobs, Bad Health? How Work and Working Conditions Contribute to Health Disparities. Am Behav Sci. Chang D. (2020). Connecting The Dots: Improving Child Care Workers' Conditions Leads To Better Health, Economic Stability, And Greater Equity. Health Affairs. Gunderson C, Ziliak JP (2015). Food Insecurity and Health Outcomes. Health Affairs.

Focus Area 3 | Equity in Access: *Care, services, information*

Access to care, services and information is a health equity issue.

Equity means people have **what they need when they need it**; that they feel **welcomed and belong**; and that they can be **confident in the resources and options available**.

Equity in access requires **attention to language, culture, literacy, disability, transportation, hours, staffing, costs, and quality** – in addition to physical presence.

Barriers that prevent or limit access to needed care and services, such as lack of health insurance, poor access to transportation, and limited healthcare resources **may increase the risk of poor health outcomes and health disparities**.

Inadequate health insurance coverage is one of the largest barriers to healthcare access, and the unequal distribution of coverage **contributes to inequities in health**.

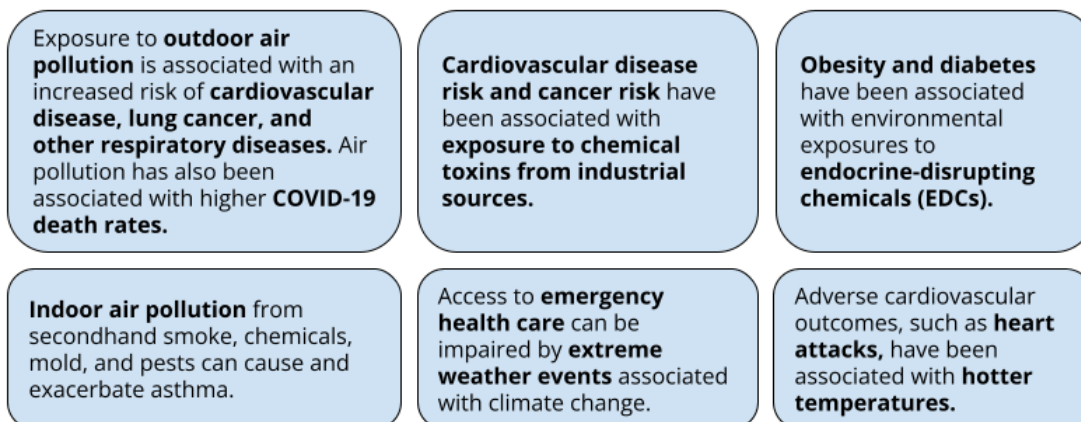
While **navigation support** is an important equity strategy, **simplifying complex systems** may be a more permanent solution to challenges with equity in access.

Data Source: Institute of Medicine (U.S.) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care (2003). Unequal treatment: Confronting racial and ethnic disparities in health care (B. D. Smedley, A. Y. Stith, & A. R. Nelson, Eds.). National Academies Press.

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Focus Area 4 | Environmental Justice and Climate: Air, water, resilience

Climate change and environmental justice are health equity issues.



Sources: Addressing Environmental Justice to Achieve Health Equity (2019). American Public Health Association; Petroni M et al. (2020). Hazardous air pollutant exposure as a contributing factor to COVID-19 mortality in the United States. Environ. Res. Lett. Munzel T et al. (2021). Environmental risk factors and cardiovascular diseases: a comprehensive expert review. Cardiovascular Research; Gupta R et al. (2020). Endocrine disruption and obesity: A current review on environmental obesogens. Current Research in Green and Sustainable Chemistry; The Impacts of Climate Change on Human Health in the United States. (2016). US Global Change Research Program.

Equity Principles

Hospitals that invest in community health equity — working to reduce disparities in health and the determinants that adversely affect historically excluded or marginalized groups — can strengthen their financial performance, organizational culture, and reputation.⁵ By emphasizing health, not just health care, leaders of these hospitals help achieve a broader good for the community. By working with community stakeholders, these hospitals reduce barriers to good health (e.g., poverty, discrimination, inadequate housing, deficient education); welcome the community’s input into hospital operations and programs; and extend the hospital’s expertise, credibility, and financial resources into the community. Our strategies embody the three equity principles below and aim to apply them in practice.

Language justice

We will apply a language justice lens in all our efforts. We use the definition offered by Communities Creating Healthy Environments (CCHHE): “*Valuing language justice means recognizing the social and political dimensions of language and language access, while working to dismantle language barriers, equalize power dynamics, and build strong communities for social and racial justice.*”⁶ The assessment process highlighted the critical importance of language justice in order to promote health equity.

⁵ Berry, L., Letchuman, S., Khaldun, J. Hole, M. (March 15, 2023). How Hospitals Improve Health Equity Through Community-Centered Innovation. *NEJM Catalyst Innovations in Care Delivery*. <https://catalyst.nejm.org/doi/full/10.1056/CAT.22.0329>

⁶ Arguelles, P., Williams, S., Hemley-Bronstein, A. (n.d.) *Language Justice Toolkit: Multilingual Strategies for Community Organizing*. Communities Creating Healthy Environments. <https://www.thepraxisproject.org/resource/2012/languagejustice>

Inclusion of under-represented voices in leadership and decision-making

In the development, implementation, and evaluation of strategies, we recognize the importance of centering the voices, leadership, and decision-making power of people who are directly impacted by the issues any given strategy aims to address. The assessment process emphasized that such voices are frequently under-represented in these processes. We will intentionally shift power through the application of this equity principle.

Environments that promote collective care and healing

Our strategies are designed to embody elements of collective care. One definition of collective care that offers a frame for this equity principle states: “*Care is our individual and common ability to provide the political, social, material, and emotional conditions that allow for the vast majority of people and living creatures on this planet to thrive —along with the planet itself.*”⁷ As we implement our strategies, we will consider how our efforts can best foster caring environments. This means considering the stressors that impact diverse communities and intentionally designing systems that promote collective care and the ability to thrive. Examples of how to promote spaces for collective care and healing include: community-based therapeutic practices such as art therapy, music therapy, or nature-based therapies; peer-to-peer support programs; or skill-sharing workshops that foster building practical skills for managing stress, fostering resilience, and enhancing overall wellbeing.

Promoting collective care and healing through the intentional design of spaces can be a powerful strategy for addressing mental health issues that may not require medication treatment or individual therapy. Every community is unique and the involvement of community members in the design and implementation of these strategies is key. Collaborative efforts and ongoing evaluation will ensure that the collective care and healing initiatives effectively address the specific needs and stressors that exist within the community.

Community Advisory Board (CAB) Engagement and Strategy Selection

After guiding the assessment process in their communities, CAB members came together (see the [Acknowledgements](#) section for list of CAB member organizations) to create a regional Implementation Strategy. The regional CAB met four times from November 2022 to March 2023 to establish goals for each focus area, identify objectives for the next three years, and select strategies to meet the objectives.

Landscape Analysis

Through meetings and semi-structured interviews, the CHA Health Improvement Team (HIT) engaged the CAB in identifying what programs and initiatives are happening or emerging in our communities related to the Priorities for Collaborative Action, and what key people or organizations are involved. The [Landscape Analysis](#) displays the findings, including common themes within and across the focus areas and equity principles. The landscape analysis provided a starting point for exploring opportunities to address the Priorities for Collaborative Action.

⁷ Rottenberg, C. and Segal, L. (n.d.) *What is Care?* The Care Collective. <https://www.gold.ac.uk/goldsmiths-press/features/what-is-care/> For further reading, see *The Care Manifesto: The Politics of Interdependence*, published September 2020.

Strategy Circle

The HIT developed a [Strategy Circle](#) to look at the Landscape Analysis according to the strategic approach utilized by each program or initiative. The Strategy Circle was presented and discussed with the CAB, demonstrating that programs or initiatives address different Focus Areas but utilize similar strategies. This suggested opportunities for collaboration and alignment across sectors:

What we found...

Which may position us to develop and/or strengthen...

There is energy around **community organizing** to address multiple priorities, in ways that embody all 3 equity principles...



... strategies that support organizing efforts by sharing knowledge, investing resources, and connecting to policy advocacy efforts

There is energy around **leveraging new and existing resources** to grow programs and improve systems/processes...



... strategies that support building equity into such efforts, and that connect learnings to implications for policy change

There are gaps related to **communication** of new resources, programs, policies, and system improvements...



... strategies around communication and awareness, investing in community connectors, and planning for sustainability

There may be missed opportunities for **collaboration** across focus areas...



... strategies that apply across multiple domains

Regional Strategic Approaches

The Landscape Analysis and Strategy Circle suggested traction around a set of strategies oriented toward **strengthening community infrastructure**. This led to defining **5 Regional Strategic Approaches**. These approaches incorporate the Equity Principles, are applicable across Goals and Objectives through specific strategies, and are applicable across communities. These regional strategic approaches were presented to the CAB and will guide the work of the CHA Health Improvement Team (HIT) across our region.



Community-Identified Strategy Selection

Once the CAB agreed upon a set of Goals and Objectives and [Strategy Selection Criteria](#), HIT staff and interns conducted a review of strategies that have demonstrated evidence of effectiveness and feasibility, based on experience or research. The findings were compiled into a document and examples were presented and discussed with the CAB.⁸ A list of potential strategies was then curated for CAB consideration. The curated list was presented and discussed in small groups at a subsequent CAB meeting. CAB members then completed a strategy feedback tool to select strategies that they felt best met the following criteria:

- **Feasibility:** There are groups across sectors willing and able to work together on this strategy; Given current infrastructure, capacity, and resources, it is feasible to implement this strategy.
- **Impact:** Implementing this strategy substantially benefits those most in need (maximizes equitable outcomes); Implementing this strategy works toward short-term and long-term upstream change.

See the section below for [community-identified strategies](#) selected through this engagement process.

CHA Resource Commitments and Planned Collaborations

CHA's Department of Community Health Improvement (CHI) works to improve CHA service area communities' health through collaborative relationships, education and clinical services. Specific goals are to reduce health inequities, better understand health by conducting community assessments, serve as community conveners, and connect our patients and staff to community services and CHA. We work in partnership with public health departments, other healthcare organizations and community partners to identify potential collaborations, identify emerging issues, develop initiatives and programs to reduce health disparities, promote wellness, improve overall community health, and impact public policy. Our efforts are integral to improving health through a lens of justice and health equity.

CHI is comprised of the following teams:

- Health Education and Access
- Health Improvement Team
- Healthcare for the Homeless
- HIV Prevention and Services
- Sexual and Reproductive Health
- Trauma and community Violence Services
- Women, Infants and Children (WIC)
- Youth Initiatives

The Health Improvement Team (HIT) within the Department of Community Health Improvement is responsible for coordinating the CHNA/IS process that meets state regulatory requirements, enables the CHA Board of Trustees to fulfill its governance responsibilities and supports CHA's mission. Highlighted current and new resource commitments and collaborations that the HIT is participating in to support these goals and strategies are identified throughout the table below, with some specific examples including:

- Community Health Worker (CHW) Resilience Grant in collaboration with the CHI Health Education and Access Team, CHA clinics and Health Departments in the communities of

⁸ For the complete findings from the evidence review, see the [Implementation Strategies Evidence Review Table](#)

Everett, Malden, and Revere, which builds on and supports existing CHW and Volunteer Health Advisor programs across CHA.

- Environmental Protection Agency (EPA) CLEANAIR Grant in collaboration with Mystic River Watershed Association (MyRWA), the cities of Everett and Malden, as well as community-based environmental justice organizations in those communities. This 3-year project aims to (1) help residents and municipalities address emerging problems and concerns related to air pollution and health impacts, and (2) build capacity to address future air quality problems in the Mystic River watershed.
- The Massachusetts Community Health and Healthy Aging Fund, which support's CHA's role as a technical assistance provider to the development of the Everett Food Policy Council (EFPC) through Everett Community Growers, a community-based food justice organization.
- The Somerville Determination of Need (DoN) community health initiative (CHI) process, in which funding from Mass General Physicians Organization has been allocated and stewarded by Cambridge Health Alliance (CHA) since 2021 to meet community-identified needs such as housing stability, caregiving infrastructure, and increasing BIPOC, LGBTQ representation in mental health workforce via CHW training and job placement.

The final community-identified strategies under each focus area are below, along with highlighted CHA strategies to support each goal. Taking the strategies identified by the Community Advisory Board (CAB) and aligning them with the CHA system and hospital strategies provides a foundation for a broader spectrum of efforts and initiatives that will more significantly impact community health outcomes.

Community-identified Health Improvement Strategies

<p>Housing: Affordability, Stability, Safety GOAL: All people, especially those closest to the impact of historical and present-day housing discrimination, can thrive physically, mentally, and socially in healthy housing.</p>	
<p>Objective 1. Preserve, improve + expand healthy, affordable, safe, climate-resilient housing options.</p>	
Community-identified strategies	Highlighted CHA efforts to advance the goal
<ul style="list-style-type: none"> • Support community organizing efforts that address preservation, improvement, and expansion in ways that center the leadership of impacted residents and demonstrate language justice. • Advocate for new and existing funding sources to improve the quality and climate resiliency of existing and subsidized public housing. • Advocate for existing and new funding sources to support the preservation and production of affordable housing (e.g. housing trust funds, community land trusts). 	<ul style="list-style-type: none"> • HIT will provide a health lens and expertise on advocacy for local and state policies and funding sources that aim to preserve, improve, and expand affordable, safe, climate-resilient housing. • HIT will support organizing efforts and community power building by providing health equity and healthcare data and technical assistance to connect affordable, safe, climate-resilient housing to health equity and health outcomes. • HIT will provide and facilitate spaces for community members to share knowledge and best practices to support the preservation and production of affordable, safe, climate-resilient housing through the Community Health Advisory Council (CHAC). • Incorporating screening questions to assess housing security and safe housing conditions through the Connect-S screening tool and CHA Connect referral platform • Reducing barriers to health services by co-locating services, such as integrating health service options to where people live.

Objective 2. Promote equitable access to healthy, affordable, safe climate resilient housing in ways that meet diverse housing needs.

Community-identified strategies

- Support community organizing efforts that address equitable access in ways that center the leadership of impacted residents and demonstrate language justice.
- Support efforts to streamline and simplify application processes for affordable housing units and financial resources for housing.
- Invest in efforts to offer supportive services such as navigation and legal counsel, particularly for older adults, persons with disabilities, families with children, and households with mixed immigration statuses.

Highlighted CHA efforts to advance the goal

- **HIT** will support organizing efforts and community power building by providing health equity, healthcare data, and technical assistance to connect access to affordable, safe climate resilient housing to health equity and health outcomes.
- **CHI and HIT** will work through the Community Health Worker (CHW) Resilience Grant, which builds on and supports existing CHW and VHA programs across CHA, to connect and close the loop to secure safe and affordable housing for patients/residents.
- **HIT** has supported efforts to streamline and simplify application processes (such as the Common App Campaign passed in 2022) by writing letters of support, providing data resources and other health care related perspectives on the impact of housing on health outcomes, and will continue to lend expertise and insight in future efforts.

Objective 3. Strengthen place-based community health + stability, including by preventing displacement of low + moderate-income residents.

Community-identified strategies

- Support community organizing efforts that address displacement in ways that center the leadership of impacted residents and demonstrate language justice
- Advocate for expansion of housing voucher programs that center the leadership of impacted residents and demonstrate language justice

Highlighted CHA efforts to advance the goal

- **HIT** will support organizing efforts and community power building by providing health equity and healthcare data and technical assistance to connect place-based community stability and displacement prevention to health equity and health outcomes.
- **HIT** will provide and facilitate spaces for community members to share knowledge and best practices around

<ul style="list-style-type: none"> • Leverage existing and new funding sources to support the preservation and production of affordable housing (e.g. housing trust funds, community land trusts) 	<p>advocacy for preventing displacement of low + moderate-income residents through the Community Health Advisory Council (CHAC).</p> <ul style="list-style-type: none"> • HIT will provide a health lens and expertise on local and state policies that impact place-based community stability
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Selected Measures for Housing

<ul style="list-style-type: none"> • Number of CHA patients screened for housing instability • Proportion of CHA patients screening positive for housing instability who are referred to housing support services • Number of housing-related local and state policies for which information or support is provided • Number of housing-related community efforts supported through health data products or technical assistance consults • Number of housing-related coalition and advisory events/meetings convened (including CHAC)

Equitable Economies: Money, Jobs, Food, Caregiving
 GOAL: All people have the economic resources and support they need to thrive through all stages of life.

Objective 1. Expand the availability of local jobs that honor and require diverse skill sets, and provide living wages, benefits, and healthy working conditions.

Community-identified strategies	Highlighted CHA efforts to advance the goal
<ul style="list-style-type: none"> • Support community organizing efforts among workers, particularly immigrants, people of color, and workers employed in lower-wage jobs, in ways that center the leadership of impacted residents and demonstrate language justice. • Engage local employers and small businesses in exploring and implementing methods to strengthen job quality, including through accessing financing options. • Invest in Community Health Workers, navigator, and ambassador programs across health care, public health, and 	<ul style="list-style-type: none"> • HIT will support organizing efforts and community power building by providing health equity and healthcare data and technical assistance to connect local good jobs and healthy working conditions to health equity and health outcomes. • CHI and HIT will work through the Community Health Worker (CHW) Resilience Grant, which builds on and expands the CHW infrastructure within CHA and within our service area to connect people to needed resources to support their wellbeing, as well as connecting residents with good jobs at CHA and throughout our communities

<p>social service sectors, in ways that center the leadership of people most impacted by inequities and that demonstrate language justice.</p>	
<p>Objective 2. Build pathways for equitable access to local jobs that honor and require diverse skill sets, and provide living wages, benefits, and healthy working conditions.</p>	
<p>Community-identified strategies</p>	<p>Highlighted CHA efforts to advance the goal</p>
<ul style="list-style-type: none"> • Leverage existing and new funding sources to support job training and workforce development efforts, including among youth. 	<ul style="list-style-type: none"> • CHI and HIT will work through the Community Health Worker (CHW) Resilience Grant, which builds upon the existing CHW infrastructure within CHA and strengthens the role and impact of their linkages within the health care system and community. • CHI youth health initiatives build life skills for healthy living and working, and provide training and support for those working with youth. • CHI develops career pathways programs for youth to explore fields in healthcare and public health.
<p>Objective 3. Support the development and preservation of equitable and sustainable food systems.</p>	
<p>Community-identified strategies</p>	<p>Highlighted CHA efforts to advance the goal</p>
<ul style="list-style-type: none"> • Support community organizing efforts among people with an interest in improving the food system, interest/experience in agriculture, with a focus on immigrants, people of color, and lower-income residents. • Support the development of food policy councils in ways that center the leadership of residents impacted by food insecurity and demonstrate language justice. • Advocate for statewide policy efforts to increase food security, including through coalitions. 	<ul style="list-style-type: none"> • HIT will support organizing efforts and community power building by providing health equity and healthcare data and technical assistance to connect food growing to health equity and health outcomes. • HIT will support the development of Food Policy Councils, expanding on current efforts as co-convenor of the Somerville Food Security Coalition and TA provider in Everett and Malden. HIT will continue to make connections with local organizations to develop community-clinical

	<p>partnership programs that meet patient needs (e.g. Farmer Dave’s and the Revere Mobile Market)</p> <ul style="list-style-type: none"> ● HIT provides a health lens and expertise on local and state policies that impact food security (i.e.School Meals for All and Feed Our Neighbors campaigns) and will work to continue and expand this effort
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Objective 4. Adequately address caregiving + caregiver needs through program and/or policy.

Community-identified strategies	Highlighted CHA efforts to advance the goal
<ul style="list-style-type: none"> ● Support community organizing efforts among care workers, including childcare workers, home care workers, and unpaid caregivers. ● Advocate for policies to support caregiving, including (list - e.g. child tax credit, paid family leave, etc). 	<ul style="list-style-type: none"> ● HIT will support organizing efforts and community power building by providing health equity and healthcare data and technical assistance to connect caregiving to health equity and health outcomes. ● HIT provides a health lens and expertise on local and state policies that impact caregiving, and will continue and expand this effort

Selected Measures for Equitable Economies

<ul style="list-style-type: none"> ● Number of CHA patients screened for financial instability, unemployment, food insecurity, and caregiving needs ● Proportion of CHA patients screening positive who are referred to support services ● Number of local and state policies related to financial resources, employment, food security, and/or caregiving for which information or support is provided ● Number of equitable economy-related community efforts supported through health data products or technical assistance consults ● Number of equitable economy-related coalition and advisory events/meetings convened (including CHAC) ● Number of community members engaged through CHA equitable economy-related programs (Mobile Market, Youth Initiatives) ● Participation in CHA Health Equity Strategic Plan or aligned efforts to explore institutional policies/practices related to economic impacts
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Equity in Access: Care, Services, Information

GOAL: All people receive the care, services, and information they need to thrive.

Objective 1. Expand navigation support and strengthen information sharing across sectors.

Community-identified strategies

- Invest in Community Health Workers, navigator, and ambassador programs across health care, public health, and social service sectors, in ways that center the leadership of people most impacted by inequities and that demonstrate language justice.

Highlighted CHA efforts to advance the goal

- **CHI and HIT** will work through the Community Health Worker (CHW) Resilience Grant, which builds upon the existing CHW infrastructure within CHA and strengthens the role and impact of their linkages within the health care system and community.

Objective 2. Increase resources and networks available to meet care, service, and information needs of populations facing disproportionate barriers.

Community-identified strategies

- Leverage new and existing funding sources to invest in healing and health care services in community settings
- Support creation of pathways to access comprehensive services that address social determinants of health

Highlighted CHA efforts to advance the goal

- Under the MassHealth waiver, **CHA** is committed to meeting the health care needs of uninsured and underinsured people. **HIT** will continue to assess barriers to health care among this population through the Community Wellbeing Survey, and communicate insights to inform the design of applicable **CHI** and **CHA** programs.
- Under the MassHealth waiver, **CHA** is committed to updating and maintaining **CHA Connect**, including developing systems for validating resources and incorporating user feedback. **HIT** will continue to coordinate this work in partnership with the ACO/Population Health teams at CHA.
- Through the Community Behavioral Health Center, CHA will work to stabilize residents during crises, connecting and navigating them to care.

Objective 3. Reduce cultural, linguistic, economic, and operational barriers to care, services, and information across sectors.

Community-identified strategies	Highlighted CHA efforts to advance the goal
<ul style="list-style-type: none"> Invest in Community Health Workers, navigator, and ambassador programs across health care, public health, and social service sectors, in ways that center the leadership of people most impacted by inequities and that demonstrate language justice. Expand cultural humility training for providers across sectors. Expand principles of culturally adapted care in health care settings. 	<ul style="list-style-type: none"> CHI and HIT will work through the Community Health Worker (CHW) Resilience Grant, which builds on and supports existing CHW and VHA programs across CHA, to collaborative design community systems with less barriers to care. HIT will continue to work with local school systems and CHA to improve systems that help families and school staff navigate the healthcare component of school enrollment, including physicals and immunizations for newcomers. CHA recognizes a need for more healthcare providers and public health practitioners to meet our patients' needs, ensure public health preparedness, and prevent public health disasters. CHI will continue to develop career pathways programs for youth to explore healthcare and public health fields.

Objective 4. Create accessible, real-time feedback mechanisms that can inform system improvements.

Community-identified strategies	Highlighted CHA efforts to advance the goal
<ul style="list-style-type: none"> Develop shared data infrastructure to facilitate referrals, follow-up, feedback, and analytic capacity across sectors. Support collaborative efforts and technical assistance for improving information systems. 	<ul style="list-style-type: none"> Under the MassHealth waiver, CHA is committed to updating and maintaining CHA Connect, including developing systems for validating resources and incorporating user feedback. HIT will continue to coordinate this work in partnership with the ACO/Population Health teams at CHA and our community partners. CHI and HIT are positioned to provide training to community members on CHA Connect; health and healthcare literacy; and public and community health data literacy (using data to

	<p>inform action on social determinants of health and community/public health priorities).</p> <ul style="list-style-type: none"> ● HIT will ensure that community health data are accessible and understandable to diverse community members through digital, print, multimedia, and workshop venues, to empower patients and community members with actionable information. ● CHA is required to report on community-level health risks and outcomes, and requests such data to inform its own strategic planning and quality improvement efforts. HIT will continue to curate, analyze, and report such data. ● CHA is required to incorporate community perspectives in its planning. HIT conducts primary data collection and collaborative analysis processes to interpret results in context of secondary data, and provides final results and insights to CHA. ● Through the CHW Community Resiliency grant, HIT works with community partners to understand screening needs and the referral pathways that CHA and community partners collaboratively use to create feedback loops and improve care systems for patients.
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Selected Measures for Equity in Access

<ul style="list-style-type: none"> ● Number of community members (including CHA patients) screened for health-related social needs ● Proportion of community members (including CHA patients) screening positive for any need who are referred to support services ● Number of community members (including CHA patients) engaged in CHI-led health care/services (HIV, SRH, HCfH, WIC) ● Number of local and state policies related to care, service, or information access for which information or support is provided ● Number of healthcare access-related initiatives developed, including through CHA–community/municipal partnerships ● Number of access-related coalition and advisory events/meetings convened (including CHAC) ● Number of Community Health Workers, navigators, and ambassadors engaged in training, service, and leadership roles ● Number of trainings or workshops held to increase equity in access to care, services, or information ● Development of assessment, evaluation, and reporting systems to provide equitable access to community health data/information
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Climate Health & Environmental Justice: Air, Water, Preparedness, Resilience

GOAL: Our communities are resilient to the impacts of climate change, and our efforts promote environmental justice and mitigate further contributions to climate change.

Objective 1. Build community knowledge and capacity for action to mitigate exposure to indoor and outdoor air pollution, and to chemicals and toxins in water.

Community-identified strategies

- Support community organizing and environmental justice (EJ) efforts related to air and water pollution

Highlighted CHA efforts to advance the goal

- **HIT** will provide health equity and healthcare data and technical assistance to support organizing efforts and community power building to connect EJ efforts around air and water pollution to health equity and outcomes.
- **HIT** will provide and facilitate spaces for community members to share knowledge and best practices around mitigating indoor and outdoor air and water pollution exposure through the Community Health Advisory Council (CHAC).
- **HIT** will ensure that community health data are accessible and understandable to diverse community members through digital, print, multimedia, and workshop venues to empower patients and community members with actionable information.

Objective 2. Build community knowledge and capacity to advocate for immediate policy changes, or adopt new policies, that place environmental health and justice as a priority.

Community-identified strategies

Highlighted CHA efforts to advance the goal

<ul style="list-style-type: none"> • Support community organizing and environmental justice (EJ) efforts related to policy advocacy 	<ul style="list-style-type: none"> • HIT will provide health equity and healthcare data and technical assistance to support organizing efforts and community power building to connect EJ policy advocacy to health equity and outcomes. • HIT will provide and facilitate spaces for community members to share knowledge and best practices around EJ policy advocacy through the Community Health Advisory Council (CHAC). • HIT will provide a health lens and expertise on local and state policies that impact EJ.
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Objective 3. Uplift community knowledge and build resident ownership of health related climate change preparedness, mitigation, and resilience efforts, especially in environmental justice populations.

Community-identified strategies	Highlighted CHA efforts to advance the goal
<ul style="list-style-type: none"> • Invest in citizen science, Participatory Action Research (PAR) and other Community Based Participatory Research (CPBR) approaches to assessment, monitoring, and advocacy 	<ul style="list-style-type: none"> • HIT will continue to support Participatory Action Research (PAR) and other Community-based Participatory Research (CPBR) projects related to climate change preparedness, mitigation and resilience efforts, especially with EJ populations, as technical assistance or health content experts, to ensure research and evaluation happening in the community can be connected to health equity and outcomes.

Objective 4. Engage local institutions (municipal departments/agencies/governments, health systems, developers, housing authorities, Boards of Health, etc.) in mitigating contributions to climate change and environmental hazards.

Community-identified strategies	Highlighted CHA efforts to advance the goal
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<ul style="list-style-type: none"> • Support efforts to reduce greenhouse gas emissions, promote energy efficiency, and invest in climate-resilient infrastructure at institutional levels. • Support community organizing efforts to promote institutional accountability 	<ul style="list-style-type: none"> • HIT will continue to participate in and/or convene community coalitions related to climate change and environmental hazards, and will 1) ensure insights from CHA health-related programs (e.g. CHW Resilience) are translated to inform priorities for advocacy, 2) ensure CHA is aware of and positioned strategically around priorities of importance to the community, and 3) support the maintenance of strong coalition infrastructure and networks.
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Selected Measures for Climate Health & Environmental Justice

<ul style="list-style-type: none"> • Number of community members engaged in CHI-involved workshops and trainings related to climate change and EJ • Number of local and state policies related to climate change and environmental justice for which information or support is provided • Number of climate/environment-related community efforts supported through health data products or technical assistance consults • Number of climate/environment-related coalition and advisory events/meetings convened (including CHAC) • Participation in CHA Health Equity Strategic Plan or aligned efforts to explore resilience or mitigation institutional policies/practices

Organizational Structure of Regional Implementation Strategy

Improving the health of our communities is a collaborative effort and calls for mobilizing effective partnerships to identify and solve health problems. Collaboration across sectors such as government, community-based organizations, health, education, business, residents (including youth), and community development can play an essential role in the process. Cross-sector collaborations and aligning resources can directly influence our communities' health, advancing CHA's mission to improve the health of our communities and Care for All.

The CHA Health Improvement Team (HIT) will support this process by convening and facilitating a regional **Community Health Advisory Council (CHAC)** to maintain the important work completed in 2022 - 2023 and ensure accountability to the Implementation Strategy goals, objectives, and strategies. This will serve as a tool that will help inform the CHA Board Committee on Population Health to identify priorities.

Frequency and accountability: The CHAC will meet quarterly and be accountable to the following entities: CHA Primary Service Area (PSA) communities, PSA municipal leadership, CHA Board Committee on Population Health.

Membership: Members are invited based on their formal and informal roles, perspectives and areas of expertise and lived experiences, as well as community representation from CHA's Primary Service Area (PSA). Total membership should include representation from sectors relevant to community health, CHA's mission, and people of diverse identities along racial/ethnic background, language, immigration history, gender, and geography.

CHAC member responsibilities include attending quarterly meetings and being a part of the CHAC listserv to receive and share information relevant to community health improvement as they relate to the priorities for collaborative action in the current Wellbeing Assessment and Implementation Strategy process.

Goal: To provide a venue for community members, patients, and CHA staff to engage in collaboration, continuous learning, advising and monitoring of community health strategies and actions related to advancing the process of the Cambridge Health Alliance's Regional Wellbeing Assessment and Implementation Strategy cycle.

The CHAC will work to:

- Provide a platform to share information, resources, and skills among community members and organizations (including CHA) engaged in work related to emerging community health-related issues/gaps, including those identified through the Wellbeing Assessment.
- Build connections and relationships among community members that can be sustained outside of the CHAC context and lead to deeper collaboration and partnership in addressing community health related concerns.

- Provide a direct communication channel between community and CHA leadership on issues related to community health and wellbeing.
- Hold learning sessions on promising practices for effective strategies to advance health equity. For 2023 - 2025, this would include demonstrating and operationalizing equity principles of language justice; centering under-represented voices in leadership and decision-making; and creating spaces of collective care.
- Create space for reporting on progress related to the Implementation Strategy and engaging in discussion, planning, and problem-solving.

Authors and Editors

The 2023 CHA Implementation Strategy Report was authored by the members of the Health Improvement Team, part of the Department of Community Health Improvement at CHA.

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We thank our Community Advisory Board (CAB) members, whose invaluable feedback and individual perspectives will contribute to shaping community health improvement in the communities that Cambridge Health Alliance is proud to serve. CAB membership consisted of representatives from the following community-based organizations, municipal departments, and governmental agencies:

- Bread of Life
- City of Everett, Mayor's Office
- City of Everett, Department of Planning and Development
- City of Everett, Health Department
- City of Malden, Health and Human Services Department
- City of Malden, Office of Strategic Planning and Community Development
- City of Medford, Health Department
- City of Somerville, Department of Health and Human Services
- City of Somerville, Office of Food Access + Healthy Communities

- Community Action Agency of Somerville (CAAS)
- Eliot Family Resource Center
- Everett Community Growers, Inc.
- Everett Haitian Community Center
- Everett Healthy Neighborhoods Study
- Everett Public Schools
- Everett School Committee
- Groundwork Somerville
- Housing Families, Inc.
- Joint Committee for Children's Healthcare in Everett
- La Comunidad, Inc.
- Latinos Unidos en Massachusetts (LUMA)
- Malden City Council
- Malden Public Schools
- Malden YWCA
- Medford Health Matters
- Mount Auburn Hospital, Community Benefits
- Mystic Valley Elder Services
- Mystic Valley YMCA
- Somerville Homeless Coalition (SHC)
- Tufts University School of Medicine, Department of Public Health and Community Medicine

We are thankful to the CHA Board of Trustees for their leadership and support in improving the health of CHA communities and allow us to live out our vision of *Caring for All*:

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